DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10007669-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which i	s attached hereto unless th	e following box is	checked:		
Number	as US Application No. or PCT International Application and was amended on (if applicable).				
I hereby state that I have	reviewed and understood nended by any amendment	the contents of the (s) referred to abo	e above-identified specification ve. I acknowledge the duty to		
	efits under Title 35, United State and have also identified below as	ny foreign application fo	any foreign application(s) for patent or patent or inventor(s) certificate havin		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
			YES: NO:		
			YES: NO:		
Provisional Application					
I hereby claim the benefit under libelow:	itle 35, United States Code Sect	ion 119(e) of any Unite	d States provisional application(s) liste		
below.	APPLICATION NUMBER	FILING DATE			
	AFFEIGATION NOMBER	, iento bytte			
U. S. Priority Claim	i				
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Inventor's Signatur

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10007669-1

Full Name of # 2 joint inventor	: Ward S. Foster		Citizenship: U.S.A.
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Wand S.	form	10	-22-01
Inventor's Signature		Date	
Full Name of # 3 joint inventor	:		Citizenship:
Residence:			120, 120, 120
Post Office Address:			
Inventor's Signature		B	
inventor's dignature		Date	
Full Name of # 4 joint inventor	<u>'</u>		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 5 joint invento	r:		Citizenship:
Residence:	All Physics II.		
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 6 joint invento	r:		Citizenship:
Residence:			
Post Office Address:		-	
Inventor's Signature		Date	
		Date	
Full Name of # 7 joint invento	٠٠٠		Citizenship:
Residence:			O.L.Collon.
Post Office Address:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 8 joint invento	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	